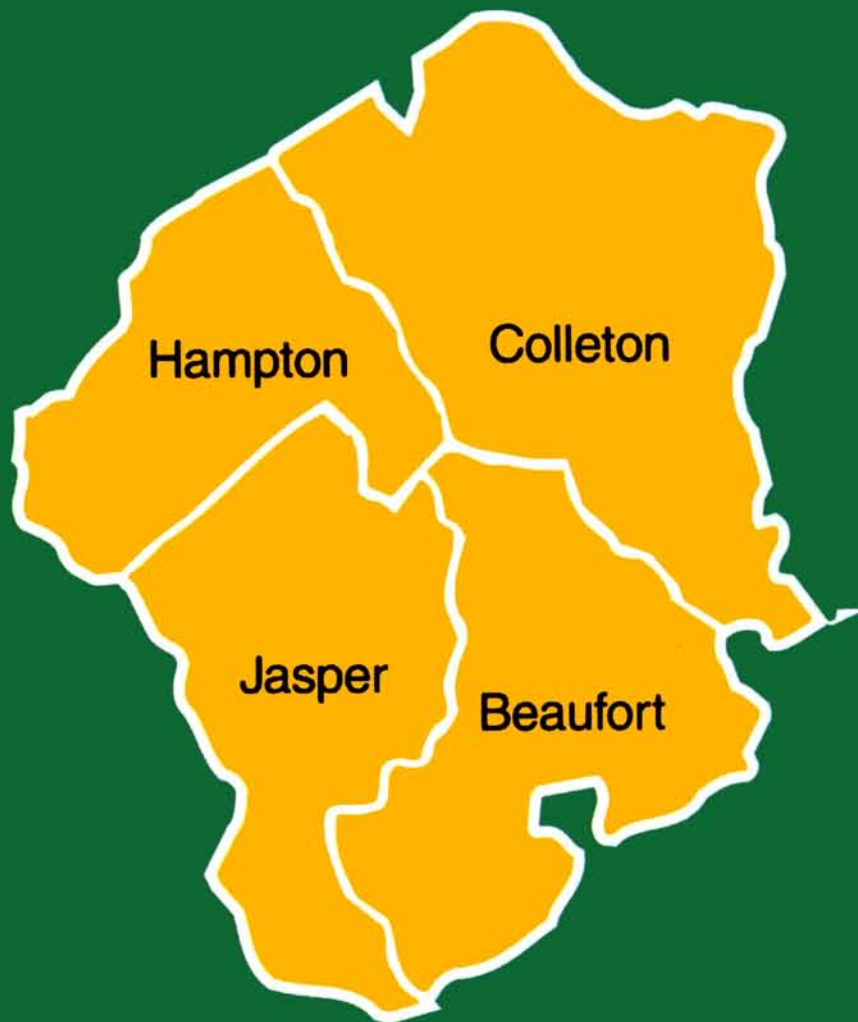


# SC DHEC Public Health Region 8

*Serving Beaufort, Colleton, Hampton and Jasper Counties*



**2005-2006 Annual Report**

## A Message from your Region Public Health Director



Dear Colleagues,

The South Carolina Department of Health and Environmental Control Public Health Region 8 is pleased to provide you with our fiscal year 2006 Annual Report. The report highlights activities and services provided by the health departments in Beaufort, Colleton, Hampton and Jasper counties.

The Region 8 Public Health Team takes very seriously our role in promoting and protecting your health. The data within this report demonstrates our commitment to addressing the needs of our customers and the community. Despite critical budget challenges throughout the fiscal year, Region 8 has remained focused on quality of care in providing core public health services. We will make sure our resources are used to prevent the spread of disease, improve our preparedness to respond to emergencies and improve the Region's health indicators.

The Region Leadership Team has embraced the elements of Performance Management in establishing public health priorities and dedicating resources for service delivery. The team has been vigilant in monitoring health indicators and implementing strategies to positively impact health outcomes throughout the Region.

The information in this annual report is a snapshot of our many services. Our Region continues to seek opportunities to work collaboratively with community partners to improve our efficiency and effectiveness in tackling local public health issues. We welcome your comments and suggestions to help us achieve our vision of Healthy People Living in Healthy Communities.

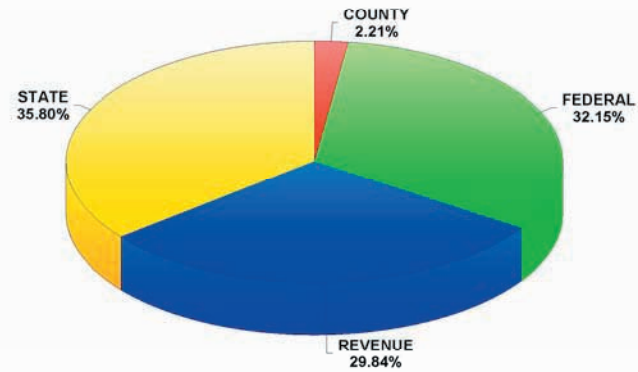
Sincerely,

Matt Petrofes, MBA  
Health Director  
Public Health Region 8  
SC Department of Health and Environmental Control

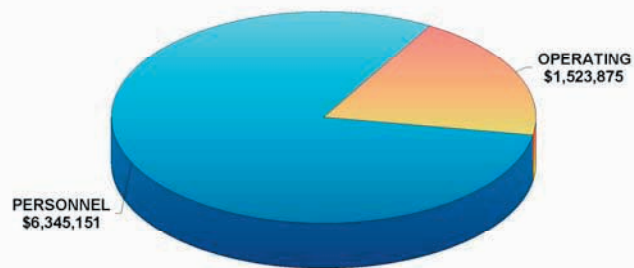
### **Region 8 Leadership Team**

Nick Davidson, MS	Director of Public Health Preparedness
Mary Edmonds, MA	Region Administrator
Blaine Lyons, REHS	Director of Environmental Health
Deborah A. McCoy, MSW, LMSW	Director of Integrated Services/Social Work/WIC
Mary Jane Richardson, RN, MN	Director of Clinical Services/Nursing
Linda Summerall, RN, MSN	Director of Continuous Quality Improvement

# Fiscal Year 2005/2006

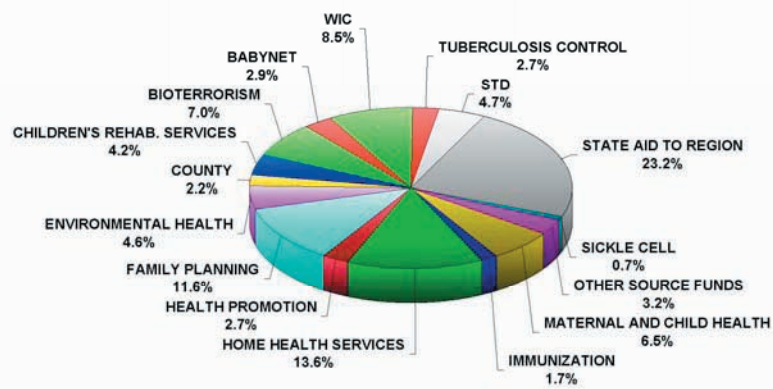


REGION BUDGETED REVENUE



Total: \$7,869,026

COMPARISON OF PERSONNEL TO OPERATING EXPENSES

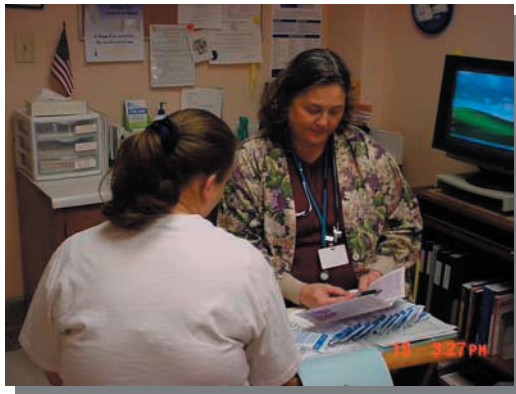


BUDGET DISTRIBUTION BY PROGRAM AREA

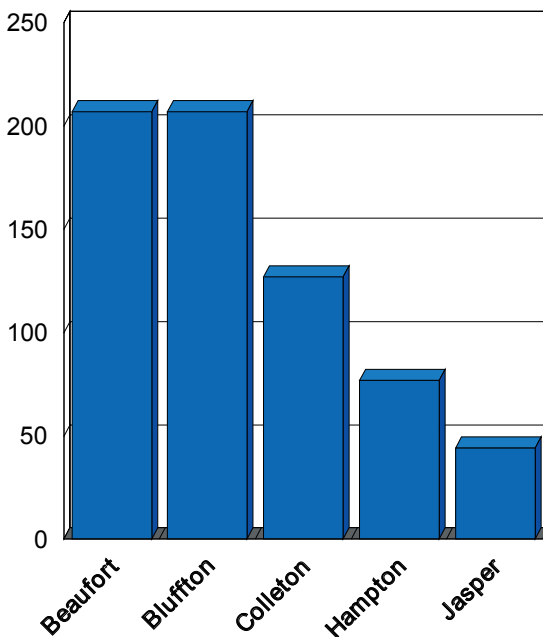
## Public Health Region 8: A Snapshot of our Services

We continuously track the number of services we provide. This serves as an indicator of whether or not our services are consistent with the unmet need in our communities. The Region Leadership Team reviews the indicators on a monthly basis and then uses the information to make strategic decisions that will place the health departments in the best position to serve our clients.

Since each community is unique, the next few pages will provide you with a graphic display (broken down by each of our five primary service delivery sites) of the total number of activities performed in some of our core services. We selected services that are either critical to our mission or those services which receive a high degree of public attention.

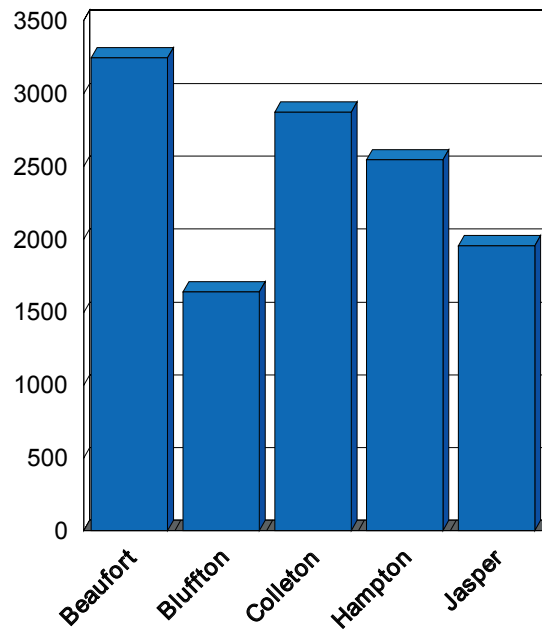


**Animal Bites**

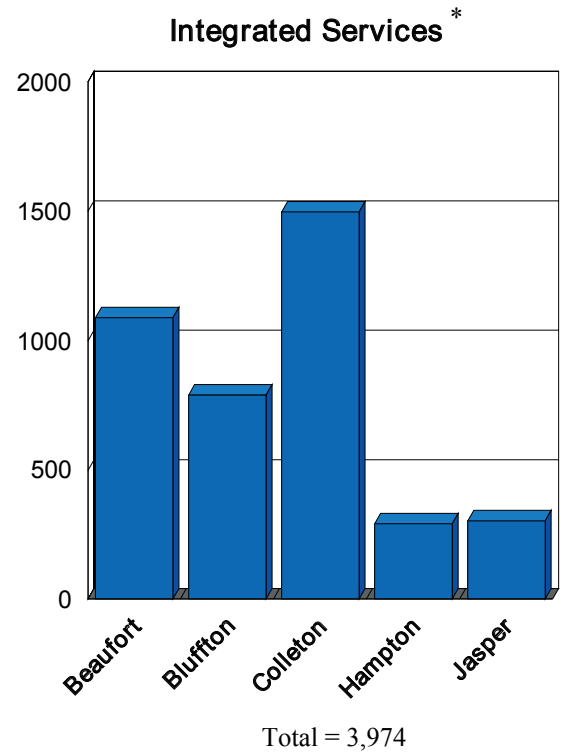
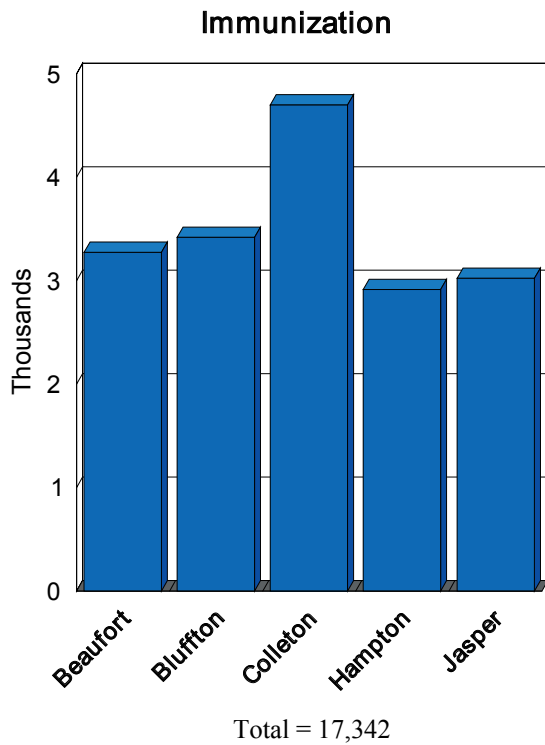


Total = 662

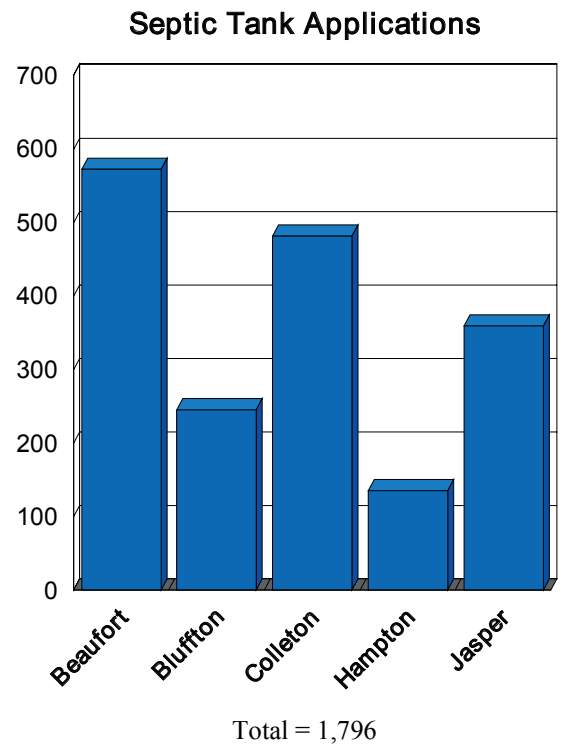
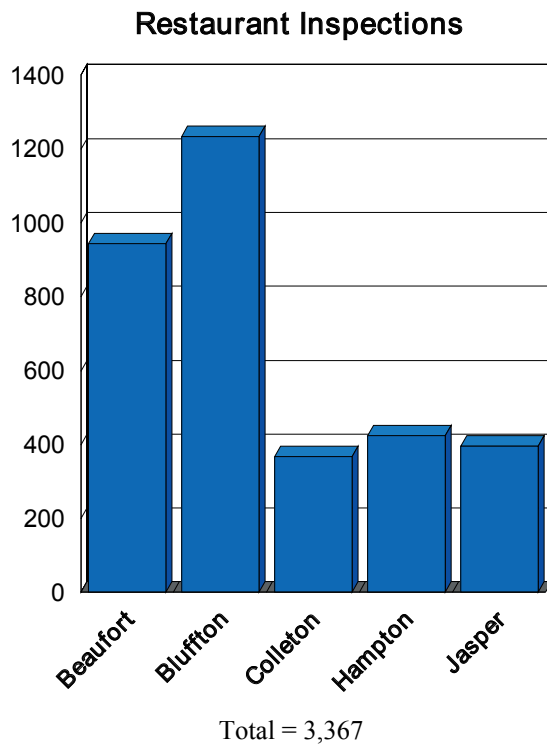
**Family Planning**

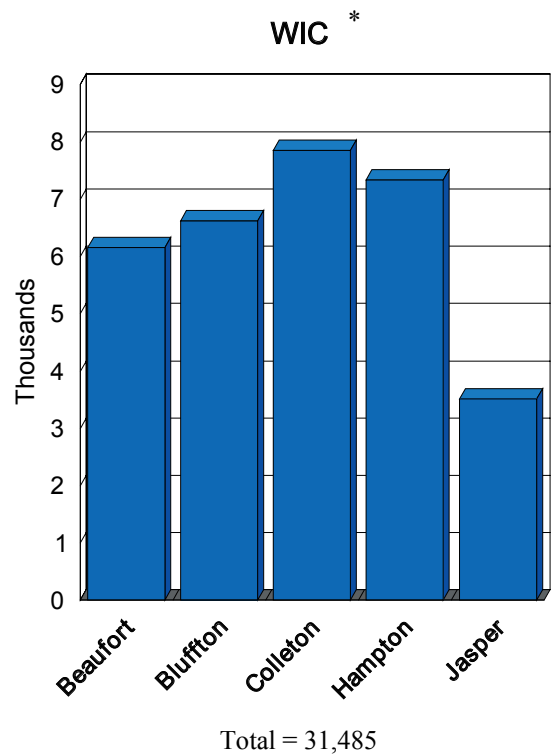
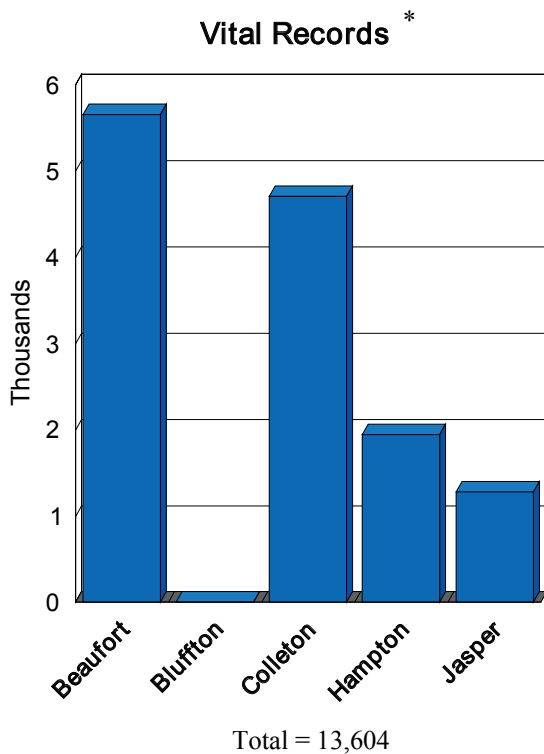
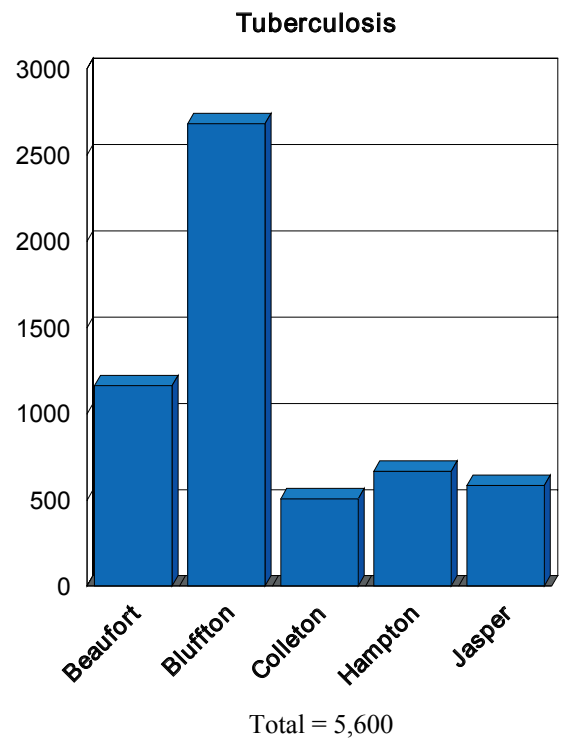
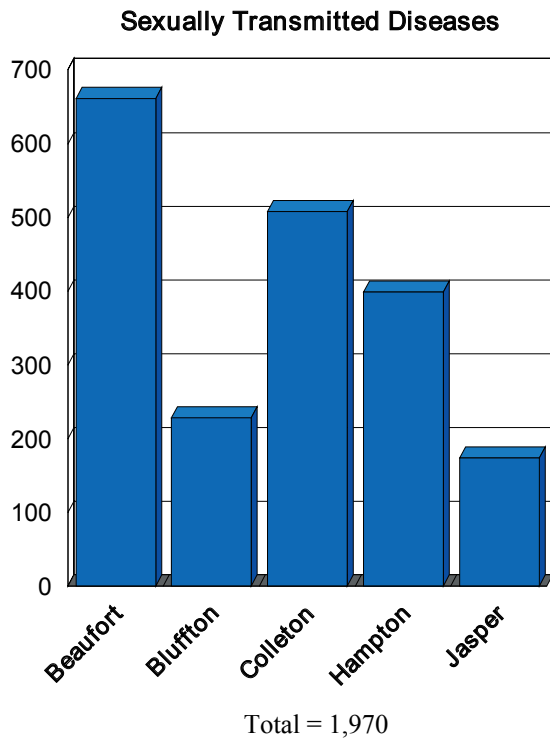


Total = 12,260



\*Integrated Services includes Newborn Home Visits, Children With Special Health Care Needs, BabyNet, Family Support Services, Pediatric HIV/AIDS, and Social Work Services.





\*Vital records includes: Issuance of birth and death certificates.

\*Women, Infant and Children's special supplemental nutrition program.

# Hispanic Outreach in Beaufort & Jasper Counties

In the fall of 2004, pediatricians from Beaufort Jasper Hampton Comprehensive Health Services (BJHCHS) identified a problem: infants of Hispanic mothers were “disappearing” from the health care system. The physicians knew there were babies they needed to see for post-delivery problems and they knew there were babies not coming in for their initial visits after birth. These physicians were concerned for the welfare of these infants and mothers.

After several meetings with representatives from Beaufort Memorial Hospital, DHHS (Medicaid), DHEC and BJHCHS, a Hispanic Outreach Program was developed. The pediatricians referred non-Medicaid Hispanic infants, at birth, to DHEC’s Family Support Services for Medical Home Linkage. Claudia Cartier, Health Educator at the Bluffton Health Center, initiated communication with the mothers to help link them with doctors, WIC and Medicaid. Claudia contacted approximately 30 mother/infant dyads per month.

As an example of the effectiveness of the program, Claudia visited a mother in Jasper County and two weeks later the mother’s sister delivered a baby. The second infant needed follow-up for jaundice, but the pediatricians were unable to contact the mother. Because Claudia knew how to reach the aunt, she was able to contact the family in need and get the baby to the doctor in a timely fashion.

In another situation, Claudia was able to protect a newborn from a potentially dangerous situation when the mother and father were able to open up to Claudia and let her know the mother was severely depressed and unable to care for the child. Claudia was able to assist in finding a temporary and safe alternative for the child and was able to facilitate crisis intervention for this family.

Since the inception of this Hispanic Outreach Program, over 300 mothers and infants have been linked to Medicaid and medical care.

With recent changes in Medicaid regulations, we are now unable to bill Family Support Services for most of this outreach and intervention; however, we have begun a pilot project of providing a newborn home visit (NBHV) as an adjunct to the Outreach Program. Claudia continues providing information and linkage to Medicaid, WIC, medical homes and assisting the NBHV nurse in facilitating the NBHV.

On August 25, 2006 the BJHCHS pediatric team of Drs. Kinghorn, Polkey, and Faust were awarded the SC DHEC Region 8 Physician of the Year Award for their part in this project.

With the over 400% increase in the Hispanic population in Beaufort County since the 1990 census, continued outreach to meet the healthcare needs for this growing and vulnerable population is challenging, exciting, and necessary.

Nan Krueger, RN



# **BabyNet: Child Find & Public Awareness**

Through the efforts of Child Find and public awareness, the Region 8 BabyNet Coordination Team's Child Find Committee assists in making our communities healthier places for infants and toddlers to live. How do we make our communities healthier? BabyNet ensures the development and implementation of its coordinated public awareness and Child Find system which results in the identification, evaluation, and assessment of all eligible infants and toddlers.

Region 8 BabyNet ensures that its Child Find system is coordinated with all major efforts to locate and identify eligible children involved with other state agencies, programs, and organizations. Our Child Find Committee conducts outreach to these entities, including private entities such as pediatric practices and day care centers. Our committee also ensures that families have access to public awareness materials that inform and promote referral of eligible infants and toddlers to the BabyNet system.

Child Find activities include screening activities and identification programs that are conducted in the community, including non-traditional settings, to identify infants and toddlers who may be potentially eligible for BabyNet. Region 8 Child Find activities are usually conducted in WIC clinics, day care centers, Head Start and Early Head Start facilities, DSS, First Steps, and local school districts' special services office locations.

Public awareness activities consist of any activity that is done to disseminate or provide general information regarding the BabyNet system. Some examples of public awareness activities held in Region 8 are: conference exhibits, BabyNet presentations, delivery of BabyNet general brochures, childcare brochures, physician brochures, milestone cards, posters, pens, pencils, magnets and bookmarks.

The BabyNet Child Find Committee members have participated in the following public awareness activities in Region 8: Health/Baby Fairs in Hampton County, STOMP (Specialized Training of Military Parents) in Beaufort, Kid Fest in Beaufort, First Steps activities in Beaufort, Colleton, Hampton and Jasper counties, Colleton Safe Kids, Colleton School District Parenting Family Literacy Program, and day care facilities and pediatrician offices in all four counties.

As a result of the Child Find and public awareness activities in the BabyNet System, families understand their children's strengths, abilities and special needs. Families know their rights and advocate effectively for their children. Families help their children develop and learn. Families have support systems. Families are able to gain access to desired services, programs, and activities in their community. Children have positive social relationships, and acquire and use knowledge and skills. But most importantly, parents take appropriate action to meet their children's needs. All of these factors contribute to healthier communities for our residents.

Lenora L. Burke, MSW



# Permitting Blitz Improves Customer Service

State regulations and local building codes require septic system construction permits to be obtained prior to beginning construction, placement of mobile homes on property, and in most cases, prior to the issuance of a county building permit. In addition, many banks and real estate professionals also require that a septic permit be obtained prior to land sales or loan closings. This places a high demand on Environmental Health staff to respond to such applications in an efficient and timely manner. As a result of an unprecedented loss of experienced staff that occurred in 2005, and continued into 2006 in Region 8 the backlog of pending septic system permit applications grew to a high of 49 on May 30<sup>th</sup>, with an approximate waiting time of five to six weeks for an initial visit. The increasing backlog generated many complaint calls to the local, regional, and central office staff. New staff were hired but had not yet been trained or certified by the agency to perform these activities. The situation reached a critical point for meeting the needs of the community in a timely and acceptable manner. A special “blitz” week of activity was arranged for the week of June 5-9, 2006 bringing all of the above staff from their routine duties in other counties in addition to help from the central office in Columbia, to concentrate on this specific need. While the Blitz-Team worked directly to reduce the backlog in Jasper, the remaining Environmental Health staff in the Region supported the effort by stepping up and assuming the duties of the Blitz-Team members while they were out of their offices. This demonstration of teamwork epitomizes the team work and professionalism of the entire staff during this busy time.

In preparation for the blitz week and in an effort to “step-up” customer services a new pro-active procedure was piloted. This procedure involved calling each of the pending applicants to inform them that a special week of activity was planned and to remind them to have their sites properly marked for the upcoming evaluation. The response to this pilot produced excellent results, enhanced the teams’ ability to accomplish a substantial number of inspections, and was well received by the applicants that were contacted.

Evaluating property for issuing septic system permits is required of the agency by laws and regulations. There is no one else in the state that can provide this service. It is vital that it be provided in a timely manner if the agency is to maintain its customer service focus and respect in the community. The service provided by this “blitz” team demonstrates the commitment that these employees have to providing the best customer service they possibly can, even if it means working “outside of the box” and going above and beyond what is typically expected.

## **The Results:**

By the end of the “blitz” week, the team reduced the backlog of pending septic system permit applications from 49 to 10, and reduced the waiting time from approximately five weeks to seven to ten days. Customers were delighted when they received their permits several weeks sooner than expected. Complaint calls were reduced. Stress was also reduced on the local administrative and environmental health staff that was frustrated by their inability to provide the services in their normal timely manner. The level of teamwork shown in providing this service exemplifies the commitment that this group has to the agency’s value of Excellence in Government by maintaining a strong customer service focus.

Blaine Lyons, REHS

# **Tuberculosis Control and Prevention in Region 8**

Region 8 has a Regional Medical Consultant and several nurses who are highly trained and experienced in the treatment, prevention and control of tuberculosis (TB). Other members of the region TB Team are administrative specialists, lab personnel, and Public Health Assistants. The percentage of job duties that these employees devote to TB varies by site, with some being full time and some working other programs as well.

Staff receive training and updates in current TB control and prevention through DHEC-taught "Tuberculosis Today" and "Advanced TB Today" courses, with funding for attendance supplemented through a partnership with The American Lung Association of South Carolina. In addition, the Regional Medical Consultant and Central Office TB Control staff provide expertise in medical management and disease control. Policies and procedures regarding the treatment and control of TB are consistent with the recommendations of CDC, The American Thoracic Society and the American Academy of Pediatrics.

Currently 95 percent of all tuberculosis cases in South Carolina receive their treatment from DHEC's county health departments. Other private and public providers, in coordination with DHEC, jointly manage the remaining patients. In Region 8, those managed by DHEC staff approaches 100%.

The average caseload of TB cases (those sick with disease) and suspects in Region 8 is 12-15 patients per month. In addition, preventive treatment is provided to about 40 individuals per month who are infected but without disease (positive skin test only). Treatment time ranges from 6 months for preventive to 9-12 months for cases. However, in some complex cases treatment may be necessary for up to two years. The complexity and challenges of TB Control are evidenced by the following treatment parameters:

- Patients with infectious TB are closely monitored by laboratory tests until they become non-infectious and no longer present a danger to the public.
- Contact investigations (identification and testing of individuals who have been exposed to TB to see if they have become infected) are initiated for every new or suspected case of tuberculosis. Contacts are identified, examined and offered treatment for latent TB infection, if indicated.
- Patients are tested and observed (at least monthly and more often if medically indicated) by registered nurses for signs and symptoms of tuberculosis and for reactions to TB drugs.
- All persons placed on treatment are carefully monitored for compliance with therapy and, if necessary, take their medications in the presence of a registered nurse or other trained health department staff. All persons sick with pulmonary TB are treated in this manner. Observing patients take medications is called directly observed therapy (DOT) and is provided in the home, clinic, workplace or any site convenient to the patient and staff. Persons who are consistently non-compliant with treatment and who are contagious, or potentially contagious, may be confined by DHEC to a secure facility as a quarantine measure.

Staff who manage this program in Region 8 are truly dedicated, caring public health professionals. Their efforts in this essential service are greatly appreciated.

Mary Jane Richardson, RN, MN

## Region 8 Facilities

Beaufort County Health Department  
601 Wilmington Street  
Beaufort, SC 29902  
(843)525-7615

Hampton County Health Department  
501 Carolina Avenue West  
Varnville, SC 29924  
(803)943-3878

Bluffton Health Center  
4819 Bluffton Parkway  
Bluffton, SC 29910  
(843)757-2251

Jasper County Health Department  
359 East Wilson Street  
Ridgeland, SC 29936  
(843)726-7788

Colleton County Health Department  
219 South Lemacks Street  
Walterboro, SC 29488  
(843)549-1516

Region Headquarters  
1235 Lady's Island Drive  
Port Royal, SC 29935  
(843)525-7603

### Health Indicators for Public Health Region 8: Beaufort, Colleton, Hampton and Jasper Counties

The following sections highlight selected health indicators based on those from the United Health Foundation and produced in partnership with the American Public Health Association (APHA) and the Partnership for Prevention. These indicators are among those most commonly requested and assist us to monitor changes in the health of our local communities. They also help to analyze emerging health problems and to recognize encouraging trends. This information is meant to provide a common base of public health information on which to focus.

The information presented here is based on data gathered as part of the S.C. Department of Health and Environmental Control's assessment and surveillance activities. The selected health indicators are leading causes of death or reflect other important public health issues. More information about these indicators from the State and National level can be obtained from the United Health Foundation website at this address: <http://www.unitedhealthfoundation.org>.

The usefulness of this or any public health data is limited by availability of the most recent data that must go through accuracy tests before being made public. The data used in this report covers all four counties of Region 8 and is compared to State level data. The DHEC regions were ranked from one to eight, with "1" being the best in that category and "8" being the worst in that category. Definitions of the data used, how the data is derived, and the source of the data immediately follow.

# Health Indicators - Definitions

Risk/Outcome	Definition
<b>Adequacy of Prenatal Care</b>	UPDATED DATA: Rates of live births with adequate prenatal care (Kessner Index), SC 2002-2004 average annual data (residence), rates per 1,000 live births.
<b>Cancer Deaths</b>	UPDATED DATA: Age-adjusted malignant neoplasms (cancer) death rates based on the 2000 standard population, SC 2002-2004 average annual data (residence), rates per 100,000 estimated population, ICD codes C00-C97
<b>Children in Poverty</b>	UPDATED DATA: Percent of children less than 18 years of age below the poverty level, SC, 2003 SAIPE Estimates available from the Census Bureau web site.
<b>ER Visits</b>	UPDATED DATA: Percent of inpatient hospitalizations and emergency room visits (an unduplicated count of persons) with a primary expected pay source of 'self' or 'indigent', SC, 2003 data (residence) provided by the Office of Research and Statistics, SC - BCB. Source: SC UB-92 Billing Data.
<b>Heart Deaths</b>	UPDATED DATA: Age-adjusted heart disease death rates based on the 2000 standard population, SC 2002-2004 average annual data (residence), rates per 100,000 estimated population, ICD codes I00-I09, I11, I13, I20-I51.
<b>High School Graduates</b>	UPDATED DATA: Percent of ninth graders (who entered high school for the first time in 2001-02) completing high school in four years, 2004-05. South Carolina public school graduation data provided by the SC Department of Education
<b>Incidence of AIDS*</b>	UPDATED DATA: Incidence rates of AIDS cases* per 100,000 estimated population, SC, 2002-2004 average annual data (occurrence) provided by the Bureau of Disease Control, SC DHEC. NOTE: Region AIDS data exclude out-of state residents.
<b>Infant Mortality - 3 Year</b>	UPDATED DATA: Infant death rates, SC 2002-2004 average annual data (residence), rates per 1000 live births.
<b>Limited Activity Days</b>	UPDATED DATA: Estimated mean number of limited activity days during the past month, SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Motor Vehicle Deaths (Miles)</b>	UPDATED DATA: Motor vehicle fatality rates, SC 2004 data (occurrence), rates per 100 million estimated miles traveled. Data provided by the SC Department of Public Safety and the Department of Transportation.

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\* AIDS cases include only those persons who are HIV positive AND who have progressed to AIDS.

## Health Indicators - Definitions

Risk/Outcome	Definition
<b>No Physical Activity</b>	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who do not engage in leisure time physical activity, SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Population Classified as Obese</b>	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who are classified as 'obese' based on body mass index groupings, SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Prevalence of Smoking</b>	UPDATED DATA: Estimated percent of population classified as 'current smoker', SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>TB Rates</b>	UPDATED DATA: Rates of tuberculosis cases per 100,000 estimated population, SC, 2002-2004 average annual data (occurrence) provided by the Bureau of Disease Control, SC DHEC.
<b>Total Mortality</b>	UPDATED DATA: Age-adjusted death rates for all causes of death based on 2000 standard population, SC 2002-2004 average annual data (residence), rates per 1,000 estimated population.
<b>Violent Crimes</b>	UPDATED DATA: Rates of reported violent crimes (murders, rapes, robberies, and aggravated assaults) per 10,000 estimated population, SC, 2002-2004 average annual data (occurrence) provided by the South Carolina State Law Enforcement Division.
<b>Work Related Deaths</b>	UPDATED DATA: Rates of work related deaths* (residence data provided by SCDHEC) per 100,000 estimated employed workers (occurrence data provided by SC Employment Security Commission), SC, 2002-2004 average annual data. *Specifically, a 'yes' response to the question 'Injured at work?'.
<b>Years of Potential Life Lost (75)</b>	UPDATED DATA: Rates of Years of Potential Life Lost (YPLL) prior to 75 years per 100,000 estimated population less than 75 years, SC, 2002-2004 average annual data (residence).

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions.

Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\* AIDS cases include only those persons who are HIV positive AND who have progressed to AIDS.

# Health Indicators - Definitions

Risk/Outcome	Definition
<b>Binge Drinking</b>	Updated Data: Estimated percent of population classified as a binge drinker, SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Binge drinking measures the percentage of the population that drinks more than five alcoholic beverages in one day, at least once per month.
<b>Firearm Deaths</b>	UPDATED DATA: 2004 Mortality Rates due to Firearms (Homicides, Suicides & Accidents) per 100,000 Estimated Population
<b>General Health Status</b>	UPDATED DATA: Estimated percent of population classified as having 'fair or poor health', SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. General health status measures the percent of the population that reports fair to poor health. The data are based on answers to the question, "In general, would you say that your health is excellent, very good, good, fair or poor?" The percentage of persons reporting less-than-good health (i.e. fair or poor) is detailed here.
<b>Infant Mortality (One Year)</b>	UPDATED DATA: 2004 Infant Mortality Rates per 1000 Live Births
<b>Lack of Health Insurance</b>	UPDATED DATA: Estimated percent of population who do not have health care coverage of any kind, SC 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. No health insurance measures the percentage of the population without health care coverage of any kind, including prepaid plans, HMO's or government plans (Medicare).
<b>Lead Poisoned Children*</b>	UPDATED DATA, WISCONSIN STUDY: The Lead Poisoned Children * indicator measures the 2004 percentage of lead tests on children ages 6 and under that tested positive ( $\geq 10\mu\text{g/dL}$ ) for lead poisoning.
<b>Motor Vehicle Deaths (Population)</b>	UPDATED DATA: 2004 Mortality Rates due to Motor Vehicle Crashes per 100,000 Estimated Population
<b>No Dentist Visit</b>	UPDATED DATA: Estimated percent of the population who haven't had a dental visit in the last 12 months, SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance system (BRFSS) survey. No recent dental visit measures the percentage of the population that did not see a dentist in the last 12 months.
<b>Overweight &amp; Obesity</b>	UPDATED DATA: Estimated percent of the population that are classified as 'overweight or obese', SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Overweight & Obesity measures the percentage of the population that has a body mass index (weight in kg divided by height <sup>2</sup> in m <sup>2</sup> ) greater than 25 kg/m <sup>2</sup> .

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\*Data for the 'Lead Poisoned Children' indicator are provided by the Childhood Lead Poisoning Prevention Program, MCH, DHEC

\*\*Data for the 'Sexually Transmitted Disease' Indicators are provided by the Bureau of Disease Control Program, SCDHEC. These data are tabulated by 'date of diagnosis', rather than 'date of report'. Stae rates include cases with 'unknown' Region. Data are considered provisional.

# Health Indicators - Definitions

Risk/Outcome	Definition
<b>Physical Inactivity</b>	UPDATED DATA: Estimated percent of the population that reports not meeting physical activity recommendations, SC, 2004 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Physical inactivity measures the percentage of the population that reports NOT doing moderate physical activity for 30 or more minutes per day, five or more days per week or vigorous physical activity for 20 or more minutes per day, three or more days per week.
<b>Sexually Transmitted Disease - Chlamydia**</b>	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component A' ** Indicator measures the 2004 number of reported cases of chlamydia as the rate per 100,000 estimated population.
<b>Sexually Transmitted Disease - Gonorrhea**</b>	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component B' ** indicator , measures the 2004 number of reported cases of gonorrhea as the rate per 100,000 estimated population.
<b>Sexually Transmitted Disease - Syphilis**</b>	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component C' ** indicator measures the 2004 number of reported cases of infectious and non-infectious syphilis as the rate per 100,000 estimated population.
<b>Smoked While Pregnant</b>	UPDATED DATA: 2004 Percents of Live Births Whose Mothers Reported Smoking During Pregnancy
<b>Teen Birth Rate</b>	UPDATED DATA: 2004 Live Birth Rates per 1000 Females 15-19 Years Old (Estimated Population)
<b>Years of Potential Life Lost (85)</b>	UPDATED DATA: 2004 Years of Potential Life Lost (YPLL) Prior to Age 85 per 100,000 Estimated Population Less Than 85 Years Old

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

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\*Data for the 'Lead Poisoned Children' indicator are provided by the Childhood Lead Poisoning Prevention Program, MCH, DHEC

\*\*Data for the 'Sexually Transmitted Disease' Indicators are provided by the Bureau of Disease Control Program, SCDHEC. These data are tabulated by 'date of diagnosis', rather than 'date of report'. State rates include cases with 'unknown' Region. Data are considered provisional.



## Region 8 Health Indicators - 2005

	2005 Rate	2005 Rank	2005 State Rate	2004 Region Rate	2004 Rank	2003 Region Rate	2003 Rank
<b>Region 8</b>							
Adequacy of Prenatal Care	555.7	8	657.6	590.9	8	554.4	8
Cancer Deaths	193.5	2	200.1	197.7	2	198.9	1
Children in Poverty	21.1	5	19.8	21.5	5	21.1	5
ER Visits	19.2	6	18.4	18.8	6	19.4	6
Heart Deaths	188.3	1	233.8	193.5	1	208.0	1
High School Graduates	72.6	7	77.1	70.2	8	72.8	6
Incidence of AIDS*	14.5	3	17.3	14.1	3	15.9	3
Infant Mortality - 3 Year	8.1	2	9.0	7.7	2	5.8	1
Limited Activity Days	2.7	3	2.6	2.4	4	2.4	7
Motor Vehicle Deaths (Miles)	2.8	7	2.1	2.6	6	2.2	4
No Physical Activity	14.9	1	23.8	16.8	2	24.7	4
Population Classified as Obese	21.7	1	25.1	25.9	5	24.4	3
Prevalence of Smoking	27.3	7	24.3	18.2	1	26.6	5
TB Rates	8.3	6	6.1	7.9	6	8.3	5
Total Mortality	7.9	1	9.2	8.1	1	8.3	1
Violent Crimes	78.8	4	81.0	80.0	4	83.3	5
Work Related Deaths	7.6	8	5.4	7.9	7	7.2	6
Years of Potential Life Lost (75)	8,553.7	1	9,411.4	8,324.6	1	7,831.6	1

## Region 8 Health Indicators - 2005

	2005 Rate	2005 Rank	2005 State Rate	2004 Rate	2004 Rank	2003 Rate	2003 Rank
<b>Region 8</b>							
Binge Drinking	14.7	6	13.5	14.7	5	16.1	7
Firearm Deaths	11.5	2	13.4	13.5	3	10.0	1
General Health Status	13.2	1	17.7	13.2	3	17.1	4
Infant Mortality (One Year)	8.7	3	9.3	10.6	7	4.9	1
Lack of Health Insurance	14.8	3	17.0	23.5	8	17.8	7
Lead Poisoned Children*	0.3	1	0.6	0.7	5	0.9	6
Motor Vehicle Deaths (Population)	32.6	7	24.4	21.9	4	26.3	4
No Dentist Visit	27.6	1	31.3	33.1	5	28.7	1
Overweight & Obesity	59.9	3	61.3	61.7	6	54.3	1
Physical Inactivity	45.1	1	54.0	51.0	1	50.6	2
Sexually Transmitted Disease - Chlamydia**	546.8	7	453.6	435.5	7	272.6	3
Sexually Transmitted Disease - Gonorrhea**	256.2	7	220.7	223.8	6	98.1	1
Sexually Transmitted Disease - Syphilis**	4.6	1	12.5	5.1	2	12.4	4
Smoked While Pregnant	9.5	1	14.0	9.0	1	9.8	1
Teen Birth Rate	57.5	7	52.1	62.9	7	66.0	8
Years of Potential Life Lost (85)	13,600.0	3	14,823.6	13,907.1	2	13,384.2	1



## ***Our Mission***

We promote and protect the health of the public and the environment

## ***Our Vision***

Healthy people living in healthy communities

## ***Our Goals***

- Increase support to, and involvement by, communities in developing healthy and environmentally sound communities
- Improve the quality and years of healthy life for all
- Eliminate health disparities
- Protect, enhance and sustain environmental and coastal resources
- Improve organizational capacity and quality

***South Carolina Department of Health  
and Environmental Control***